

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033734

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8863

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED SEP 12 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis		c. CITY OR TOWN Jefferson City, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 709 Walsh St.	
3. NAME OF DECEASED (Type or print) First Rudolph Middle Hickman Last Hickman		4. DATE OF DEATH Month 8 Day 29 Year 1963	
5. SEX Male	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-6-1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-State Dept.		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 37 yrs.
11a. FATHER'S NAME Simon Hickman		11b. MOTHER'S MAIDEN NAME Cornella	11c. NAME OF HUSBAND OR WIFE Deceased
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 2		13. SOCIAL SECURITY NO.	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic intra-cranial Hemorrhage; Contrib; penetrating gunshot wound of the brain with gunshot fracture of skull; Self inflicted in home at 4274 Sacramento Ave., on Aug., 29th, 1963, at about 4:55 P.M DUE TO (c) Suicide		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
17. TIME OF INJURY Hour 5:45 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		18. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See Above	
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21. CITY, TOWN, OR LOCATION St., Louis, Mo.		22. COUNTY St. Louis	
23. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 5:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.		24. SIGNATURE (Degree or title) Helen L. Taylor, Coroner	
25. ADDRESS 1300 Clark Ave.		26. DATE SIGNED 9-3-63	
27. BURIAL, CREMATION, REMOVAL (Specify) Removal		28. DATE 9-4-1963	
29. NAME OF CEMETERY OR CREMATORY Kennard Cemetery		30. LOCATION (City, town, or county) (State) Crockett, Texas	
31. FUNERAL DIRECTOR Ellis Funeral Home-2820 Stoddard St.		32. DATE RECD. BY LOCAL REG. SEP 3 1963	
33. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4198

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.